Academic Resource Center

Dowling Hall
617-627-5571

Request for Extended Time

Date:_____

Last Name:_____ First Name:_____

SS #:_____---_____---_____ E-mail:_____

Local Address:_____

_____ Phone Number:_____

School/Major: _____ Expected Year of Graduation: _____

Have you met with the Coordinator of Services for Students with Disabilities before? Yes No

To process your request for extended time, the following information is necessary:

- Please write out **full name (no abbreviations) in each column!!**

Course (Name & Number)	**Name of Instructor**	**Department**	**Other Information**